

APPLICATION CHECKLIST FOR REINSTATEMENT OF PERMANENT OR ADMINISTRATIVE LICENSE

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for reinstatement of permanent licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum – Application Part 2 through the Board’s online services website at www.medicalboard.iowa.gov .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
License verification sent to the Board from all states in which you have ever held any medical and/or other professional licenses. Use License Verification Form if needed.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Copies of CME certificates/transcripts that show 40 hours of category 1 CME that have been acquired within the past two years from the date of submitting this application.</p> <p><i>Time spent in an approved post-graduate training program within the previous two years is equivalent to 50 hours of category 1 CME.</i></p> <p><i>Board certification or re-certification by an ABMS or AOA board within the previous two years is also equivalent to 50 hours of category 1 CME.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of completing the Mandatory Training for Identifying and Reporting Child & Dependent Adult Abuse within the past five years. Physicians who live in Iowa and/or practice in Iowa in the following specialties are required to have this training: emergency medicine, family practice, general practice, internal medicine, psychiatry, obstetrics, gynecology, or pediatrics. This is required regardless of whether the physician provides patient care.	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate Training Verification Form sent to the Board from all programs you attended <u>in</u> the U.S. or Canada. Submit only if you have participated in training since original licensure or were in training when license was issued.	<input type="checkbox"/>	Completed via FCVS
ECFMG Certification Status Report (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS